PTO/S8/06 (12-04)

U.S. Potent and Trademark Ciffice; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no parsons are required to record to a collection of information unless & displays a yalld CMS control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Doctor Humber Substitute for Form PTO-875 Effective December 8, 2004 APPLICATION AS FILED - PART I OTHER THAN · (Column 1) (Column 2) SMALL ENTITY SMALL ENTITY FOR-NUMBER FILED MUMBER EXTRA RATE (T FEE (I) BASIC FEE BATE (S) EEE (d) BY CFR 1.16(s), Rt, or [c]) NVA NIA NA 150.00 NIA 300.00 SEARCH FEE (FF CFR 1 16(1) (FL OF (FF) · N/A NA. N/A \$250 N/A \$50ó EXAMENATION FEE (3) CFR 1.16(d. (p). or (d) NA NIA NIA \$100 NIA \$200 TOTAL CLAMS (A) OFR 1:16(8) . . X\$ 25 minus 20 = X\$50 OR INDEPENDENT CLAIMS (3) OFB 1.16(N) X100 minus 3 . e X200 If the specification and drawings exceed 100 APPLICATION 812# sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each (37 CFR 1.16(4) additional 50 sheets or traction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 OFR 1.16(0) +180= +360= "If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II (Column I) OTHER THAN (Column 2) (Column 3) OR SMALL ENTITY SMALL ENTITY CLAUMS HIGHEST REMAINING. NUMBER PREVIOUSLY PRESENT: RATE (1) ADDI-AFTER RATE (1) EXTRA ADDI TIONAL MENDMENT PAID FOR TIONAL EE (I) Total PEE (1) Minus GT CFE LINE X\$ 25 X\$50 Independent (AF CFR LIGATI OR Minus 图 X100 X200 Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MARTIPLE DEPENDENT CLAIM (37 CFR 1.160) 4 180a · +360= OR TOTAL TOTAL ADO'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CI ATMS HIGHEST REMAINING NUMBER PRESENT RATE (\$) ADD: RATE (8) APTER 10 PREVIOUSLY EXTRA ADOI-TIONAL FEE (1) ENOMENT. PAID FOR TIONAL Minus FEE (1) COT COFR L NOW X\$ 25 X\$50 OR Prospendent Profes Listes Minus X100 X200 Application Size Fee (37 CFR 1.16(s)) OR . FIRST FREEDITATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18@) +180= +360= OR TOTAL. TOTAL OR ADO'L FEE **ADD'L FEE** . If the entry in cotumn 1 is less than the entry in cotumn 2, write "o" in cotumn 3. * If the entry in column 1 is less than the entry in column 2, write "O' in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

Is collection of Information is required by 97 CFR 1.16. The information is required to obtain by reliable, 9 benefit by the public which is to tile (and by the PTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete fulfilling gethering, preparing, and submitting the completed application form to the USPTO. Three was very depending upon the individual case. Any comments the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient IDRESS. SEND TO: Commissioner for Patients. P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS IDRESS. SEND TO: Commissioner for Patients. P.O. Box 1450, Alexandria, VA 22313-1450.

DRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1460.